

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35367

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8807</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ward P.C. Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>5173 Goethe Ave.</b>			
3. NAME OF DECEASED (Type or Print) <b>ALVINA</b>		a. (First)		b. (Middle) <b>Louise</b>		c. (Last) <b>Stocker</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 16 50</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		8. DATE OF BIRTH <b>Oct. 27, 1868</b>		9. AGE (In years last birthday) <b>81</b>	
11. BIRTHPLACE (State or foreign country) <b>New Melle, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>John H. Niewig</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Homeyer</b>	
14. NAME OF HUSBAND OR WIFE <b>Late August Stocker</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Alfred E. Stocker</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension Cardiovas. Dis</b> ANTECEDENT CAUSES <b>Due to (b) Asthma</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Senility</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>years</b> <b>years</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H34.2</b>		22. I hereby certify that I attended the deceased from <b>10-13</b> , 19 <b>50</b> , to <b>10-16</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>10-16</b> , 19 <b>50</b> , and that death occurred at <b>7 A</b> m., from the causes and on the date stated above.		23a. SIGNATURE <b>Robert A. Huckstey</b> (Degree or title) <b>M.D.</b>	
23b. ADDRESS <b>1755 So. Grand</b>		23c. DATE SIGNED <b>10-16-50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 18, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>New Pickers Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		DATE REC'D BY LOCAL REG. <b>OCT 17 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Laster</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>		ADDRESS <b>4228 S. Kingshighway B</b>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Richard H. Stovesand*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.